

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1							51						
2							52						
3							53						
4							54						
5							55						
6		5					56						
7		5					57						
8		5					58						
9		5					59						
10		5					60						
11		5					61						
12		5					62						
13							63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		5					70						
21		5					71						
22		5					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90			1			
41		1					91			1			
42		1					92			1			
43		1					93			1			
44		1					94			1			
45		1					95			1			
46		1					96			1			
47		1					97			1			
48		1					98			1			
49		1					99			1			
50		1					100			1			
TOTAL IND.	16						TOTAL IND.						
TOTAL DEP.	64						TOTAL DEP.						
TOTAL CLAIMS	50						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS